

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

application for reinstatement
of class C certificate for
Roger Vestal dba Bluffton Taxi

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2001 - 240 - T

) If this is your first time filing an application with the PSC, you will not
) have a Docket Number. The Commission will assign one to you. If you
) have filed with the Commission before, a Docket Number was assigned
) and should be entered above.

(Please type or print)

Submitted by: Roger Vestal - Bluffton Taxi

Telephone: 843-757-9999

Address: PO Box 3011

Fax:

Bluffton, SC 29910

Other: 843-422-3943

Email: BlufftonTaxi@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 4/23/14**RECEIVED**

APR 23 2014

TRANS DEPT

Docket #
2001-240-T

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 7113
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on _____ because I did not renew permits
(DATE)I am seeking reinstatement because to continue doing business as Bluffton Taxi

Roger Vestal DBA Bluffton Taxi
(Name of Company) (if applicable)

19 Devonwood Ct PO Box 2011 Bluffton SC 29910
(Street Address) (Mailing Address if different from Street Address)

Bluffton SC 29910 [Signature]
(City, State, Zip Code) (Signature)

843-757-9999 owner/mgr.
(Telephone Number) (Title) Owner, President, etc.